

COMPANIES OF HEALTH INSURANCE CARRIERS THAT MAY HAVE THE EFFECT OF UNREASONABLY REDUCING REIMBURSEMENTS;

(4) WHETHER THERE IS A NEED TO ENHANCE THE ABILITY OF PHYSICIANS AND OTHER HEALTH CARE PROVIDERS TO NEGOTIATE REIMBURSEMENT RATES WITH PRIVATE HEALTH PLANS HEALTH INSURANCE CARRIERS, WITHOUT UNDULY IMPAIRING THE ABILITY OF THE PLANS CARRIERS TO APPROPRIATELY MANAGE THEIR PHYSICIAN PROVIDER NETWORKS;

(5) WHETHER THERE IS A NEED TO ESTABLISH A RATE-SETTING SYSTEM FOR PHYSICIANS AND OTHER HEALTH CARE PROVIDERS SIMILAR TO THE SYSTEM ESTABLISHED TO SET HOSPITAL RATES IN MARYLAND; AND

(6) THE ADVISABILITY OF THE USE OF PAYMENT METHODS LINKED TO QUALITY OF CARE OR OUTCOMES; AND

(7) THE NEED TO PROHIBIT A HEALTH INSURANCE CARRIER FROM REQUIRING HEALTH CARE PROVIDERS WHO JOIN A PROVIDER NETWORK OF THE CARRIER TO ALSO SERVE ON A PROVIDER NETWORK OF A DIFFERENT CARRIER.

(G) (1) THE TASK FORCE SHALL REPORT ITS FINDINGS AND RECOMMENDATIONS TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY, ON OR BEFORE DECEMBER 31, 2007.

(2) IF THE TASK FORCE DETERMINES IT WILL NOT COMPLETE ITS WORK BY DECEMBER 31, 2007, THE TASK FORCE SHALL, IN THE SAME MANNER AS PROVIDED IN PARAGRAPH (1) OF THIS SUBSECTION:

(I) SUBMIT AN INTERIM REPORT OF ITS FINDINGS AND RECOMMENDATIONS ON OR BEFORE DECEMBER 1, 2007; AND

(II) SUBMIT A FINAL REPORT OF ITS FINDINGS AND RECOMMENDATIONS ON OR BEFORE ~~JULY 1,~~ JUNE 30, 2008.

(3) NOTWITHSTANDING PARAGRAPH (2) OF THIS SUBSECTION, THE TASK FORCE SHALL SUBMIT ITS FINDINGS AND RECOMMENDATIONS RELATING TO SUBSECTION (F)(7) OF THIS SECTION ON OR BEFORE DECEMBER 31, 2007.

(H) A MEMBER OF THE TASK FORCE MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE TASK FORCE BUT IS ENTITLED TO REIMBURSEMENT FOR